STATE MEDICAID DUR BOARD MEETING

THURSDAY, August 9, 2012
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125

MINUTES

Board Members Present:
Mark Balk, PharmD.
Mr. Kumar Shah
Joseph Yau, M.D.
Joseph Miner, M.D.
Kathy Goodfellow, R.Ph.

Board Members Excused:
Brad Hare, M.D.
Peter Knudson, D.D.S.
Tony Dalpiaz, PharmD.
Neal Catalano, R.Ph.
Cris Cowley, M.D.
George Hamblin, R.Ph.

Dept. of Health/Div. of Health Care Financing Staff Present:
Robyn Seely, PharmD.
Tim Morley, R.Ph.
Lisa V Hunt, R.Ph.
Bobbi Hansen, CPhT
Heather Santacruz, R.N.
Marisha Kissell, R.N.
Merelynn Berrett, R.N.

Other Individuals Present:
Joanita Lake, UofU
Gary Oderda, UofU
Scott Larson, BMS
Anne Marie Licos, Medimmune
Bryan Larson, UofU
Pat Wiseman, Medimmune
Charissa Anne, J&J
Paul Sparks, Dyer Corp

Meeting conducted by: Robyn Seely, PharmD

1. Robyn Seely opened the meeting. Due to lack of quorum no motions will be made during this meeting, however the topics on the agenda will still be discussed informally to be voted upon during next meeting.

2. July meeting minutes were reviewed; there are a few corrections identified.

3. Pharmacy &Therapeutics (P&T) Committee Report: Lisa V. Hunt addressed the Board. Annual SSDC (Sovereign States Drug Consortium) meeting was held in June, they went over all offers. As of now all counter-offers are accepted. A 2013 draft PDL should be ready for review by September. This month (August) the P&T Committee is looking at Oncology products. They will consider if this class will be treated like any other class (added to PDL, non-preferred medication require prior authorization), they may create a recommended or voluntary preferred/non-preferred class (no prior authorization required for either) or they may choose to not include this class on the PDL at all.

4. Re-review and follow-up (from May 2012) of tablet limits for common QD drugs - presented by Joanita Lake from the University of Utah. The university's recommendations due to lack of substantial cost savings, are to not limit coverage but to authorize the state (Medicaid) to monitor and make suggestions to providers when a dose consolidation may be favorable.

   Kathy Goodfellow suggested using soft messages to notify pharmacies when a dose consolidation can be considered; she adds that many other payers already use soft messages to convey this type of note. Joe Miner stated that these messages do seem to work, he gets many inquiries from pharmacies asking him to change prescriptions based upon messages they get back from the payers. Kathy adds that specific dictation in the message helps the pharmacy understand why the claim is truly being denied. Each payer uses their own language and the pharmacy is left to decode the message each time.

   Tim Morley asked if notifying pharmacies of dose consolidations is better done through a point-of-sale return message or through some other means of provider education (i.e. Amber Sheet or Medicaid Information Bulletin). Kathy Goodfellow feels that a soft message directly back to the pharmacy is the most effective way to convey these types of messages. Mark Balk adds that specific notation in the messages is very helpful. Tim Morley tells the board that we have some ability to modify messaging, however NCPDP standards require that certain language be kept in place limiting what we can specifically report back in a soft message.

   Joe Miner states that both education and messages would be beneficial, however he likes the idea of a soft message rather than a hard denial. Kathy Goodfellow asked if it would be possible to code where once the soft message has gone out so many times that it then flips to a hard denial. Robyn Seely questioned if placing a hard denial places unnecessary burden on the pharmacy and the prescriber. Both Kathy Goodfellow and Joe Miner agreed that anytime the payer requires a prior authorization it necessitates extra time and effort from both the pharmacy and the prescriber.

   Kumar Shah suggested that if the messages are being automatically transmitted from the pharmacy to the provider's office, notifying them of payer denial, that it would be helpful to have software in place that can communicate the prescriber's intentions to the pharmacy. Robyn Seely stated that she can check with the software vendor to see if this would be an option to consider.

   No motions or board action was taken due to lack of quorum.

5. QT prolongation medications - presented by Joanita Lake from the University of Utah. The university's recommendations are to send a soft message back to pharmacies when they are filling two or more QT prolonging medications.

   Robyn Seely points out that Utah Medicaid currently contracts with the DRRC (Drug Regimen Review Center) through the University of Utah, they conduct period checks of patient medication use and this is a flag they would be checking for. Robyn uses these checks in her annual report back to the FDA and the DRRC does provide

patient/prescriber education when they come across this type of medication use.

The number of patients shown to be taking two or more QT prolonging medications to include any antibiotics, Amiodarone, Citalopram and Methadone was a small group (but as Joanita pointed out, this was only looking at these 4 medications in combination with one another). Robyn Seely asked if there was any indication as to how large of a list there would be if the search were expanded to include more medication combinations. Joanita Lake responded that in researching the search was limited to just these medications.

Joe Miner asked if the research looked into outcomes on clients prescribed two or more QT prolonging medications (specifically were prescribers or patients contacted to verify outcomes). Joanita Lake stated that they looked at patients on two or more of the, four medications identified, as well as what diagnosis information was available (which is limited). With the limited number of available diagnosis they were able to create a table (table 4, included in meeting packet) to show some of the risk factors.

Mark Balk asked how does Arizona handle the intervention and active surveillance of QT prolonging medications (much of the research presented referenced Arizona's college of pharmacy). Joanita Lake responded that how this is specifically handled was not available in the research. Mark Balk states that based off the amount of work they have conducted in Arizona it may be helpful to know how they are handling this and how it is working out for them.

Joe Miner stated that Amiodarone is a dangerous medication by itself and that ideally a cardiologist is the one prescribing this medication and monitoring for medication overlaps. His concern is when patients are seeing multiple prescribers and this sensitive overlap is not carefully monitored.

Joe Miner commented that Geodon has traditionally been treated as one of the most notorious antipsychotics as a QT prolonging medication and it was not included in the presented research. Joseph Yau stated that the list presented is minimal compared to the actual number of QT prolonging medications.

Joseph Yau states that education messages would be helpful. He adds that although prescribers should know all other medications their patients are on, this is not always the case and getting a message back when there is an overlap would be helpful.

Joanita Lake offered that the FDA has received feedback on interactions with azithromycin and levofloxacin resulting in cardiovascular risks and as a result is conducting its own studies and will make the results available once they have been reviewed.

Robyn Seely announced that she will check with others states to see what (if anything) they are doing for this scenario and how it is working for them. She will report back the findings so the topic can be discussed further at a later date.

No motions or board action was taken due to lack of quorum.

The next DUR Board meeting is scheduled for Thursday, September 13, 2012.
Minutes prepared by Bobbi Hansen.